- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

500.42015VX1

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a congress of the patent of the patent

maintenance fee notification	S		ng a new correspondence addres		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
020457 75	90 12/21/2004		papers. Each addition have its own certification	nal paper, such as an assignme ate of mailing or transmission.	ent or formal drawing, must
020.01	ERRY, STOUT & K	RAUS LLP	C	ertificate of Mailing or Trans	mission
	ENTEENTH STREET		I hereby certify that	this Fee(s) Transmittal is being with sufficient postage for fire	g deposited with the United
SUITE 1800	6	IPE	addressed to the M	ail Stop ISSUE FEE address SPTO (703) 746-4000, on the d	above, or being facsimile
ARLINGTON, VA	. 22209-9889	\chi_{\begin{subarray}{c} \chi_{subar	transmitted to the US	SPTO (703) 746-4000, on the d	
	1	· cons · ul		•	(Depositor's name)
	L M	AR 2 1 2005 발			(Signature)
	E .	<i>\$</i>			(Date)
APPLICATION NO.	FILING DATE	ART FIRST NA	MED INVENTOR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/781,689	02/20/2004	RADE	Go Miya	500.42015VX1	3698
	IAGNOSIS METHOD FOR		•		
TILE OF INVENTION: D	IAGNOSIS METHOD FOR	SEMICONDUCTOR TRO	·		
				•	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/21/2005
Honprovisional				_	* •
EXAMINER		ART UNIT	CLASS-SUBCLASS		
· · · HASSANZAI	DEH, PARVIZ	1763	156-345240		
. Change of correspondence	e address or indication of "F	ee Address" (37 2. For	printing on the patent front page	,	lli, Terry, Sto aus, LLP
CFR 1-363). Change of correspond	dence address (or Change of	Correspondence (1) th	e names of up to 3 registered pa ents OR, alternatively,	itent attorneys	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3listed, no name will be printed.		
ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON THE PAT	ENT (print or type)		
PLEASE NOTE: Unless recordation as set forth i	s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee data will of this form is NOT a subst	appear on the patent. If an assitute for filing an assignment.	ignee is identified below, the	document has been filed for
(A) NAME OF ASSIGN		(B) RESID	ENCE: (CITY and STATE OR	98/32/2005 SZEWDIE2 0000	0189 10781689
Hitachi High-	Technologies Co		Tokyo, Japan	01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP
Please check the appropriat	e assignee category or category	ories (will not be printed on	the patent): Individual	Corporation or other private gr	roup entity Government
ta. The following fee(s) are			nt of Fee(s):		
Issue Fœ			A check in the amount of the fee(s) is enclosed.		
☑ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.		
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $01-2135$ (enclose an extra copy of this form).		
	s (from status indicated above				
	SMALL ENTITY status. Sec		pplicant is no longer claiming SN		
NOTE: The Issue Fee and) is requested to apply the Ist Publication Fee (if required) cords of the United States Pa	will not be accepted from a	(if any) or to re-apply any previous other than the applicant; a	ously paid issue fee to the applic registered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature	Sand Album	ranhi	Date	March 21, 2005	
Typed or printed name	Paul J. Skw	ieraws <u>ki</u>	Registrat	ion No. 32,173	
on application Confidents	ility is governed by 35 U.S.(: 177 and 47 CFR 1.14. III	uired to obtain or retain a benefit is collection is estimated to take ing upon the individual case. An information Officer, U.S. Patent	12 minutes to complete, includ	ing ganicing, preparing, and

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.